

DSA Academy Registration Form

Instructions:

1. Please print this form.
2. Complete one form for each person. All fields are required.
3. Mail completed form and check (payable to Division of the State Architect) to DSA Academy, Attn: Registration Coordinator, 1102 Q Street, Suite 5100, Sacramento, CA 95814
4. Registration will be accepted up to one week before the start of class, if space is available.
5. A confirmation notice will be e-mailed to you (or mailed if you do not have an e-mail address).

| | |
|-------------------------------------|------------------|
| Mr. Ms. Dr. (please circle one) | Street Address: |
| First Name: | City: |
| Last Name: | State: |
| Date of Birth: | Zip Code: |
| E-mail Address: | County: |
| Telephone: | Alternate Phone: |

| Class Code | Class Title | City | Date(s) | Fee |
|------------|-------------|------|---------|-----|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Amount Enclosed: \$_____

Cancellation Policy:

Refunds will not be issued, but you will receive a credit for any class you drop at least 48 hours before the start of the class. The credit may be applied toward any DSA Academy class for up to one year. After one year, any unused credit will expire.